C.   LETTERS PROTOCOLS

Letter	Letter Title	Freeform Text Requirement
0002-14	Approval for MN – Spenddown Met	List all bills used to meet spenddown
0002-15	Approval for MI EMER/Spenddown Met	List all bills used to meet spenddown
0002-24	Approval for Expedited Food Assistance	List verification needed. Provide examples of what client can provide.
0004-05	General Denial – No Information	List items that you asked for that were not provided.
0006-03	GA Termination on Reconsideration	State what new information was received and why it did not change the determination.
0006-04	GA Termination for Clear Improvement	On 00/00/00, I got a report form from Dr. (Name of doctor) that said your (specify condition) has improved so much that you can work now. Or You work # hours per week for (employer) as a (position).
0006-05	GA Termination for No Medical Information	On 00/00/00, I asked you to provide some information by 00/00/00. I still need: *List of items*
0006-06	GA Termination for Medical Evidence Inconclusive	On 00/00/00, I asked you to provide some information by 00/00/00. I still need: *List of items*
0006-07	GA Termination for No Incapacity – Prior Error	We made a mistake when we put you on GAU on (date). You did not meet our requirements because _____ (enter case specific information regarding the medical information received

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		and why it doesn't meet severity and/or duration requirements – e.g. "The information we got from Dr. Sun showed your back injury was not severe enough to keep you from doing light work that you have done in the past.").
0017-01	Supplemental Payment for Cash/Food	We are giving you additional benefits for (Month) because _____.
0020-01	MN Spenddown	List all bills used to meet spenddown
0020-02	MI with Spenddown	List all bills used to meet spenddown
0020-03	Bills Received-Spenddown Not Met	In the first mandatory freeform text section: List the bills used to meet spenddown/EMER In the second mandatory freeform text section: List all the bills you did not use and why you didn't use them.
0021-01	General Reinstatement for Cash/Food	We are reopening your case because _____.
0023-01	Missing Verification for Interview	List: ▪ The items that you need verification for ▪ If sending the letter for multiple programs, the program that verification requirement applies to; and ▪ Examples of what the client can provide.
0023-02	General Request for Information or Action	List: ▪ What you need the client to do and/or provide; ▪ If sending the letter for multiple programs, the program that verification/action requirement applies to; and ▪ If requesting verification, examples of what the client can provide.

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0045-02	Cash Assistance Overpayment – Intentional	State why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-03	Cash Assistance Overpayment – Unintentional	Describe why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-05	Food Assistance Overpayment – Inadvertent Error	Describe why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-06	Food Assistance Overpayment – Administrative Error	State why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-07	Food Assistance Overpayment – IPV	State why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-08	Medical Assistance Overpayment	State why client has an overpayment. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0045-09	Overpayment Modification	State why the overpayment is being modified. After this, state: See WAC rule (Washington Administrative Code): List appropriate WAC numbers.
0055-01	ADH for 1st or 2nd Offense Before 1-1-97	In the first mandatory freeform text section: State why you think the client broke program rules. In the second mandatory freeform text section: List the evidence we have about the program violation.

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0055-02	1st or 2nd Food Assistance Disqualification After 12-31-96	In the first mandatory freeform text section: State why you think the client broke program rules. In the second mandatory freeform text section: List the evidence we have about the program violation.
0055-03	ADH for 1st or 2nd Offense/Duplicate Participation	List the evidence we have about the program violation.
0055-04	ADH for Permanent Disqualification	In the first mandatory freeform text section: State why you think the client broke program rules. In the second mandatory freeform text section: List the evidence we have about the program violation.
0070-03	ETR Not Requested	State why you are not forwarding the request for a decision.
0070-05	ETR Denial	State why the ETR was denied.
0085-01	WorkFirst Non-Participation Appointment	According to your IRP, you are supposed to (State what requirement of the IRP the client is not meeting). State what information you have that leads you to believe this.
0085-02	Food Assistance E&T Good Cause	As part of your E&T (Employment and Training) requirements, you are supposed to (state what E&T requirement the client is not meeting). State what information you have that leads you to believe this.
0085-03	Missed Appointment or Activity for IRP	According to your IRP, you are supposed to (State what requirement of the IRP the client is not meeting). State what information you have that leads you to believe this.